

## **GDR/Tapering Considerations**

### Antipsychotics

Frequency	Clinical Contraindications
Within the first year:	Behavioral symptoms related to dementia:
Facility must attempt a GDR in two separate quarters (with at least one month between the attempts), unless clinically contraindicated.	<ul> <li>The GDR may be considered clinically contraindicated if the:</li> <li>Resident's target symptoms returned or worsened after the most recent attempt at a GDR within the facility; <i>and</i></li> </ul>
After the first year:  A GDR must be attempted annually, unless clinically contraindicated.	<ul> <li>Physician has documented the clinical rationale for why any additional attempted dose reduction at that time would be likely to impair the resident's function or increase distressed behavior.</li> </ul>
	Psychiatric disorder other than behavioral symptoms related to dementia (for example, schizophrenia, bipolar mania, or depression with psychotic features):
	The GDR may be considered contraindicated, if:
	The continued use is in accordance with relevant current standards of practice and the physician has documented the clinical rationale for why any attempted dose reduction would be likely to impair the resident's function or cause psychiatric instability by exacerbating an underlying psychiatric disorder; or
	The resident's target symptoms returned or worsened after the most recent attempt at a GDR within the facility and the physician has documented the clinical rationale for why any additional attempted dose reduction at that time would be likely to impair the resident's function or cause psychiatric instability by exacerbating an underlying medical or psychiatric disorder.

#### **GDR/Tapering Considerations**

#### **Sedatives/ Hypnotics**

Frequency	Clinical Contraindications
For as long as a resident remains on a sedative/hypnotic that is used routinely and beyond the manufacturer's recommendations for duration of use the facility should attempt to taper the medication quarterly unless clinically contraindicated.	<ul> <li>Clinically contraindicated means:</li> <li>The continued use is in accordance with relevant current standards of practice and the physician has documented the clinical rationale for why any attempted dose reduction would be likely to impair the resident's function or cause psychiatric instability by exacerbating an underlying medical or psychiatric disorder; or</li> <li>The resident's target symptoms returned or worsened after the most recent attempt at tapering the dose within the facility and the physician has documented the clinical rationale for why any additional attempted dose reduction at that time would be likely to impair the resident's function or cause psychiatric instability by exacerbating an underlying medical or psychiatric disorder.</li> </ul>

# Psychopharmacological Medications (Other Than Antipsychotics and Sedative/ Hypnotics)

ocadii voi Trypiiotiooj		
Frequency	Clinical Contraindications	
Tapering should be attempted during at least two separate quarters (with at least one month between the attempts), unless clinically contraindicated.  After the first year, a tapering should be attempted annually, unless clinically contraindicated.	<ul> <li>Clinically contraindicated means:</li> <li>The continued use is in accordance with relevant current standards of practice and the physician has documented the clinical rationale for why any attempted dose reduction would be likely to impair the resident's function or cause psychiatric instability by exacerbating an underlying medical or psychiatric disorder; or</li> <li>The resident's target symptoms returned or worsened after the most recent attempt at tapering the dose within the facility and the physician has documented the clinical rationale for why any additional attempted dose reduction at that time would be likely to impair the resident's function or cause psychiatric instability by exacerbating an underlying medical or psychiatric disorder.</li> </ul>	